

Developmental Disabilities Program
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DATE: October 20, 2005

TO: Ron Thornberry, Board Chairman
Vickie Poynter, CEO

FROM: Judi Allen, Field Services Specialist

SUBJECT: Quality Assurance Review for Flathead Industries
Period of Review June 04- June 05

I would like to summarize the results of the Quality Assurance Review that was conducted by me and Paula Sherwood, Quality Improvement Specialist from Missoula, during July 18-22. All contracted services were reviewed which included work services, group homes, supported living and community supports. The process for the review includes three categories:

1. A desk review of data collected through the review period included but not limited to: incident reporting trends, medication errors, Adult Protective Service issues, Client Rights, IP issues, and a review of licensing, accreditation and fiscal reports etc.
2. An on-site review involving checking agency and client's records, a review of consumer surveys, staff interviews, and observations at different facilities.
3. A review of case management contacts and quarterly reports for assessing quality of services provided.

During the review the uses of Quality Assurance Observation Sheets (QAOS) were used to record exemplary practices and indicate deficiencies. The QAOS were numbered at the top and noted in this review. The QAOS record what is observed and what Administrative Rule or Contract requirement is surpassed or deficient. A response on the deficient QAOS is required from the Provider. There was a total of 18 QAOS written, 12 were commendations and 6 were in need of a plan of correction.

GENERAL AREAS

ADMINISTRATIVE

1. Significant Events from the Agency

a) During this past year, CEO-Operations retired. Up until that time, he and CEO-Resources shared oversight responsibilities. In February of 2005, Flathead Industries' reorganized and its Board of Directors retained as the sole Corporate Executive Officer.

b) **(QAOS#1) Commendation** FI received a grant to send one staff to be certified as a Behavioral Specialist giving FI four internal Behavioral Specialist. Flathead Industries has an excellent behavioral management intervention team. They are willing to work with behavioral issues in all areas of their corporation.

c) **(QAOS#2) Commendation** FI recently had ten staff, including their CEO, certified to conduct Critical Incident Investigations. Their critical incident reports have been prompt and thorough. Thanks for being so dedicated in making this new system manageable.

d) **(QAOS#3) Commendation.** FI started using the Therap Reporting Tool to provide on-line communication and tracking for all incidents back in January 2005. The Case Managers and myself will be able to in September to view information and incidents as they are entered into the system and will be able to give immediate feed back.

e) A new building was purchased to replace the existing Thrift Store in Whitefish. They are currently remodeling with a projected move date to be in November.

f) **(QAOS#4) Commendation** Developed and implemented work opportunities out in the community via enclaves. There are currently three work sites : a motel, a construction site, and detailing of semi- cabs.

g) One Tech II staff is now providing the majority of training to clients in all the out lying business facilities.

h) The Big Fork Thrift store now has a new management team and FI has put the sale of the facility on hold.

I) FI had their annual fund raiser "Climb Big Mountain" and raised \$42,000.

2. Policies and Administrative Directives

The Flathead Industries Policy and Procedure Manual was reviewed and found to be in compliance with DDP requirements and directives.

a) Flathead Industries is commended for a very active safety committee.

b) **Commendation (QAOS#5)** I commend Flathead Industries for being aggressive in developing their Incident Management Committee with weekly meetings way back in July of 2004. They have diligently tried to come into compliance with the ever changing Incident Management Policy and Protocols.

Deficiency (QAOS#6) However, I have not been receiving the trend report on time from the Incident Management Coordinator. The report must be to me no later than 10 working days after the last day of the month. The quality of the trend analysis has become less comprehensive in analyzing the data. Remember, that at a minimum, the information in the trend summary must

include all that is listed in Appendix B Section I. f of the Incident Management Policy and Protocol. The Incident Committee should review this report before it is sent out to myself and your Board.

Response: *The CEO has taken over the duties of the incident management coordinator and the incident trend report will be redone starting in July 2005. Trends will be analyzed more thoroughly and submitted on time.*

3. Licensing

Group home licenses were reviewed, and all group homes were found to have current licenses. The supported living duplex is also licensed as a group home and that license is current as well.

4. Accreditation

Flathead Industries received a one-year accreditation by CARF that was in effect through September 2005. They are targeted for accreditation the week of October 24, 2005.

5. Agency internal communication systems

Regular scheduled meetings occur at all levels of the organization. Consumers meet monthly, group homes and day services have weekly staff meetings, departmental meetings are held weekly, and the Board of Directors meets every other month. As stated above the Therap Reporting tool has opened quick communication not only internally but soon with case management and myself.

6. Fiscal

Fiscal reports, cost plans, and invoicing are received in a timely manner. Flathead Industries fiscal year end reports were received on time. An outside Audit was conducted in June 2004 and there were no findings.

7. Appendix I

All negotiated items in the appendix I were met.

SPECIFIC SERVICES REVIEWED

A. GROUP HOMES

Flathead Industries has three adult group homes serving 20 individuals at the time of this review. F.I. is now serving two people under the intensive category. There were six QAOS written: Four commendations and two deficiencies(one for all service areas).

Commendations

(QAOS#7) Willow Glen Group Home was commended once again for their very organized and client centered home. This includes their excellent well organized , individualized consumer files, training, and medication books to the individualized theme of the clients bedrooms. The yard was meticulous and the flower beds and hanging baskets were maintained by the individuals in the home.

(QAOS#8) Third Ave Group Home is to be commended for their great interaction between staff and clients. One individual during our visit was upset and another person was having a seizure and the staff were able to handle both situation and meet everyone needs.

(QAOS#9) Fourth Ave Group Home is commended for their excellent holistic IP objectives that were established at MH's IP meeting. Each IP objective touched on a different aspect of her life.

(QAOS#10) There is a decline of medication errors across all setting. See medication safety below

Deficiencies

(QAOS#11) We reviewed PRN medication protocols for the individuals that we sampled and found three PRN protocols that needed to be expanded. Any prescription medication which is prn only, must have a written protocol and comprehensive guidelines for its use. It must clearly define the conditions under which it is taken, the minimum time lines between dosages and the maximum amount which can be taken in a 24 hour period. The protocol must be addressed and approved at every annual IP.

I would suggest dating the protocols and perhaps having some form where staff could signed off that they have reviewed the protocol. I found one protocol that was out dated at the work location but current in the residential program. Please make sure that current prn protocols are shared with both work and residential.

Response: *All PRN protocols have been reviewed to ensure that there are written protocols and comprehensive guidelines for its use, including clearly defined conditions under which it is taken, minimum time lines between dosages and maximum amount that can be taken in a 24 hour period. The Quality Assurance Checklist has been revised to include a check box for PRN medication. A form has been developed and distributed where staff can sign off that they have reviewed the protocol. The current protocols have been checked for being dated and information exchanged to ensure current PRN protocols have been shared at work and residential sites.*

(QAOS#12) In reviewing the individual IP documents from our sample, both Paula and I noticed improvement in the quality of the Individual Plans from last years review. However, attention to detail on filling out the IP forms themselves need to continue to be addressed. This includes ensuring that appropriate boxes are marked on all forms, start and review/completed dates of objectives are filled in and using the full name of the person responsible for monitoring the objectives.

Also noted on some IP reviewed that the status of previous objective(form #2) the rating section is not being filled out. This form is filled out by the provider but the rating of satisfaction of the objectives is determined by the team at the meeting. Some objectives were being marked as dropped because the individual had not met the criterion of the objective but the team felt the individual had reached their highest level like in a medication or a bathing program. The team then could mark the progress box and then under rating mark satisfied with progress and comment that the team is satisfied with the progress and will graduate at current level instead marking the dropped box.

Medication and bathing(any one with seizures condition) protocols, level of attainment of self-administration of medication and any rights restriction must be addressed and discussed somewhere in the annual IP, either in the summary or as an objective.

Response: *This QA observation sheet has been shared with all lead staff in the group homes and the work staff who prepare IP's. They will be more aware of the importance of details when filling out the IP forms, as well as the med/bathing protocols, etc, to be addressed. A current check system*

where Program Manager's or their designee check IP paperwork before the meeting will continue and FI staff who are at the IP will themselves, before turning the paperwork into the Case Manager. The Quality Assurance Checklist will be revised to include checking, discussing and documenting any medication or bathing protocols, level of attainment of self-administering of medication, and client rights restriction at the annual IP.

1. HEALTH AND SAFETY

Vehicles

FI maintains 23 vehicles for their corporation : a van for each group home, thrift stores, production(2), with the remaining vehicles divided between supported living staff and management. Regular maintenance checks are preformed on all vehicles. There were documentation available and the one van that I checked had good tires, fire extinguisher, first aide kit, and seat belts.

Consumers

The agency is very responsive to all of the consumers health and safety needs. Staff are trained in each individual consumer's history , health, safety, medication, behavioral and training needs.

Medication Safety

All staff are currently medication certified. Commendation is noted for the decline of medication errors across all settings during this past year. Flathead went to the use of bubble packs and the review of medication sheets when there are shift changes which could account for the decrease in errors. All medication is kept in a locked secured location. Staff is very responsive to missed medication and follows the immediate reporting to doctors, nurses or pharmacists. Routine errors are reviewed by supervisors on an ongoing basis and also now reviewed by the incident management committee. No medication trends were noted.

All medications are kept in a locked secured location in all locations. I found medication protocols, self-medication training programs, medication administration records, PRN and OTC protocols and all other aspects of medication safety in place at all areas of the group homes, supported living and work locations. PRN protocols need to be updated at least annually or when changes occur including all the noted components as stated in **QAOS# 11** above.

Sites

All residential sites were visited throughout the year and during the course of this review. All sites were clean, comfortable, and decorated with individual preferences taken into consideration. Water temperatures were controlled below 120 degrees, fire drills and/or other threats were conducted monthly or more often and documentation was available. All sites are now conducting all shift drills. FI has an extensive safety check which is conducted on a monthly basis at each site.

2. SERVICE PLANNING AND DELIVERY

Individual Planning

Individual Plans(IP), including assessments, implementation, and monitoring were reviewed for at least one person from each group home. All IP's reviewed had a well-developed plan with good assessments to help develop that plan. Attention needs to be given to detail in filling out the IP forms as stated above in **QAOS#12**.

Leisure / Recreation

Leisure and recreational logs were reviewed at each group home. In all homes it was noted that consumers were encouraged to make choices and to participate as much as they can in a variety of activities. Please make sure that each individual has a list of preferred leisure activities that staff can offer as suggestions if they need that type of encouragement. Leisure is free time away from work or duties. While sleeping may be a leisure for some I would hope that staff will give people options of activities that may be available and then if they choose to take a siesta that is their choice.

Client Rights

FI has been a strong supporter for client rights. Consumer meetings talk about their right and many individuals attend Special Friends Advocate meeting on a regular basis. When asked, the consumers can tell you what rights they have. Rights Restrictions are only developed for health and safety concerns. Remember to review all right restrictions at least annually at their IP or when slated for a review.

Medical / Health Care

All Group Homes are very conscientious in consumers health care needs. A separate report is written after each professional health care appointment and shared with me and other team members throughout the year. FI assures that all staff is certified to administer medication to consumers.

Emotionally Responsible Care Giving

During the review and throughout the year I have observed very positive interaction between staff and the consumers and noted individuals were encouraged to participate and to make choices. While visiting the group homes during the review, Paula and I noted the participation by consumers in preparing their evening and breakfast meals. Staff was consistently observed to be involved with the consumers in a responsible and caring manner.

Consumer Surveys and Agency Consumer Satisfaction Surveys

Agency Consumer surveys are conducted yearly. Information is compiled and the results are used to guide the development of better services to the individuals. Case Managers also do an annual consumer survey prior to each individual's annual IP meeting. This is used to address the consumer's needs in their overall life.

3. STAFFING

Screening / Hiring

The screening for hiring staff was very precise and background checks were completed on the five staff files reviewed and documentation was available.

Orientation/ training

FI has a very thorough staff orientation process. Also on going training is offered to employees through CBT, Mandt, CPR, and first aide with additional training added when needed. On a yearly basis staff is trained on mandatory reporting procedures and client rights. I would recommend that staff sign that they have received that training and that sheet is maintained with the provider. In addition each Group Home Lead Trainer conducts a specific job-orientation with every new employee which reviews each individual consumer's history, training, behavioral programs, and medication procedures.

Ratios

In all facilities that were visited during my review the staff to client ratios were per contract or above. While doing my quarterly on-site visits I have found staffing ratios to meet contract requirements and this holds true for off peak times.

Staff Surveys

At least one staff at each site was interviewed using the staff survey questionnaire. All sections were satisfactorily answered.

4. INCIDENT MANAGEMENT

Adult Protective Services

There are no outstanding issues/ concerns regarding Abuse / Neglect reporting. The notifications for those incidents are reported per requirements. The Agency has a very good working relationship with APS here in Kalispell and they work very well as a cohesive team to ensure the protection of FI's consumers.

Incident Reporting

FI has historically been found to do an excellent job of reporting incidents as required by Administrative Rule of Montana.

B. SUPPORTED LIVING

Flathead Industries serves 30 individuals, 25 in title19 and five individuals in general funds for supported living services. Individuals live in their own apartments in the community or FI owned apartment complexes (two) or their duplexes. Individuals needed supports and coordination services are determined by the individuals IP team and specified in their cost plan. Five QAOS were written, two commendation and three deficiencies(one being for all services)

Commendations:

(QAOS#13) The 7 and 8 Plex apartments that are owned by FI are a very pleasing addition to the neighborhood and community. They are very well maintained .

(QAOS#14) There is a new walk way that has been constructed that connects the 6th and 7th Ave duplexes that have made it easier for supported living staff and residents to have easier access between the two buildings.

Deficiencies:

(QAOS#15) The kitchen fire alarms in both duplexes were disconnected. The staff person immediately connected them while we were in the apartments. We were not sure if staff or the occupants had dismantled the alarms. I checked the safety logs and all were reported in working order. Please have all alarms working for health and safety reasons.

Response: *This has been discussed with the current staff. The fir alarms are to never be disconnected. Spat checks by Community Living Program Manager or designee will be conducted to ensure compliance.*

(QAOS#16) While reviewing the IP documentation for those in the sample it was noted that the supported living hours were not discussed at the IP meeting. At each annual IP meeting the provider needs to specify how many supported living hours are contracted for the individual and then at the next annual IP meeting they will report if hours had been delivered.

Response: *Staff will address the hours each consumer should receive, according to their contract, with the IP team. At the IP meeting staff will specify hours contracted for each individual and a service objection will be implemented to ensure hours are delivered. A reminder to do this has been added to the Quality Assurance Checklist and will be brought to the IP meeting for check off. Case Managers need to be informed and we will have this up and running by October.*

(QAOS#12) The need to attend to details in filling out IP forms as stated above. This is a deficiency in all service areas.

Response: *same noted in#12 above.*

1. HEALTH AND SAFETY

Vehicles

FI maintains 23 vehicles for their corporation : a van for each group home, thrift stores, production(2), with the remaining vehicles divided between supported living staff and management. Regular maintenance checks are preformed on all vehicles. There were documentation available and the one van that I checked had good tires, fire extinguisher, first aide kit, and seat belts.

Consumers

Thirty five consumers are served through the Supported Living contract.

All individuals reviewed in a supported living services feel safe in their apartments. Emergency and back up numbers and two means of an exit were posted in each apartment visited during the review.

Fire extinguishers, fire alarms and water temperatures are checked at each apartment on a monthly basis. Evacuation drills were preformed on a monthly basis and documentation was available.

Medication Safety

At each annual IP meeting it is discussed as to how the consumers medication will be dispensed and depending on their functioning level as to where their medication is to be stored. Sometimes it will be kept in the consumer apartment or under lock and key in the supported living office. When needed individuals will be on medication training programs as determined by their IP team

All staff are currently medication certified. Commendation is noted for the decline of medication errors across all settings during this past year. Staff is very responsive to missed medication and follows the immediate reporting to doctors, nurses or pharmacists. Routine errors are reviewed by supervisors on an ongoing basis and also now reviewed by the incident management committee. No medication trends were noted.

Sites

Paula and I visited four individuals in their homes. We visited one individual living in the duplex, one in the 7 Plex, one in the 8 Plex, and one individual living in an apartment in the community. All sites were well maintained. All sites visited had a clean/ sanitary environment. All consumers were eager to show where they lived and loved living in their own place.

2. SERVICE PLANNING AND DELIVERY

Individual Planning

Individual Plans(IP), including assessments, implementation, and monitoring were reviewed for at least one person from each FI owned apartment complex and one person living in a community apartment. All IP's reviewed had a well-developed plan with good assessments to help develop that

plan. Attention needs to be given to detail in filling out the IP forms as stated above in QAOS#12.

Leisure / Recreation

All consumers have many opportunities to participate in integrated community activities. There are planned weekend activities for those individuals wanting to participate. The supported living consumers and staff have a monthly meeting to discuss safety, rights, and social skills and to plan the weekly Sunday outing for the next month.

Client Rights

During the visits to the different consumer's apartments and in reviewing their files we noted one rights restriction(). The rights Restriction was for health and safety concerns and was very well written. All individuals reviewed could tell us their rights and knew the grievance procedure or who to talk to if they felt their rights were violated. Monthly meetings are held for Supported Living consumers and rights of the consumers are reviewed at that meeting.

Medical / Health Care

FI supported living staff do an excellent job of monitoring the consumers health needs. There is one staff person from supported living that is responsible to coordinate all medical appointments and she does a great job.

Emotionally Responsible Care Giving

During the review and throughout the year I have observed very positive interaction between staff and the consumers and noted individuals were encouraged to participate and to make choices.

Consumer Surveys

Case Managers also do an annual consumer survey prior to each individual's annual IP meeting and there was one available for those being reviewed and no concerns were noted. This is used to address the consumer needs in their overall life.

Agency's consumer satisfaction surveys

Agency Consumer surveys' are conducted yearly. Information is compiled and the results are used to guide the development of better services to the individuals.

3. STAFFING

Screening / Hiring

Same as above in staffing

Orientation/ training

FI has a very thorough staff orientation process. Also on going training is offered to employees through CBT, Mandt, CPR, and first aide with additional training added when needed. On a yearly basis staff is trained on mandatory reporting procedures and client rights. In addition each new supported Living employee is given a specific job-orientation which reviews each individual consumer's history, training, behavioral programs, and medication procedures.

Ratios

In all facilities that were visited during my review the staff to client ratios was per contract or above.

Staff Surveys

I conducted one staff survey and all areas were met.

4. INCIDENT MANAGEMENT

APS

Same as above

Incident Reporting

Same as above

C. WORK/DAY/COMMUNITY EMPLOYMENT

FI serves a total of 65 title 19 and 17 general fund individuals in work services and community employment. They have a production area, which also includes 3 enclaves sites and senior program; four Thrift Stores; and community employment placements.

Commendations:

As stated above in Significant events(QAOS#4) Commendation Developed and implemented work opportunities out in the community via enclaves. There are currently three work sites : a motel, a construction site, and detailing of semi- cabs.

(QAOS#17) i sets up all the training books for all outlining production sites. This makes for a consistent system throughout all locations.

Deficiencies:

(QAOS#18) When visiting the Columbia Falls Thrift Store it was noted that there was not a wastepaper receptacle located in the restroom. There was no where to put paper towels after one washes their hands but on the floor.

Response: *This was rectified and there is a waste container placed in the restroom.*

(QAOS#12) Detail to IP paper work as for all service areas.

1. HEALTH AND SAFETY

Vehicles

FI maintains 23 vehicles for their corporation : a van for each group home, thrift stores, production(2), with the remaining vehicles divided between supported living staff and management. Regular maintenance checks are preformed on all vehicles. There were documentation available and the one van that I checked had good tires, fire extinguisher, first aide kit, and seat belts.

Consumers

Evacuation drills were reviewed for all sites, and it was determined that evacuation drills were conducted at regular intervals for fires as well as for a variety of other conditions. Any health and safety concerns are reported and dealt with as soon as possible and then a report goes to the incident management committee who would act to correct any future occurrences.

Medication Safety

Same as above

Sites

All Flathead Industries sites visited were clean, neat and sanitary. Fire extinguishers were available and checked annually. Monthly fire drills and or a variety of other conditions were conducted monthly and documentation was available. All exits were clear and unobstructed. All medication was locked and secured.

Production and seniors....The production and senior area serves the lower functioning and or the elderly individuals who also may have the more challenging behaviors. In production staff do an excellent job in finding ways to address the consumers needs in their creativeness in developing meaningful production to enhance their dignity and self worth which gives them the skills to empower their lives. The staff are commended for using their array of skills in dealing with the challenging behaviors. In the senior program staff are very creative in finding fun projects and community activities to enhance their lives. Proactive approaches and positive programming are a consistent element used by all staff throughout the day. While visiting in the production area all consumers were busy with various jobs and staff were very attentive to all. One of the clients dressed up in a fat suit costume and there was a lot of laughter and you could tell the clients enjoyed their work.

Congratulation to the production staff for developing the outside enclaves which has greatly improved the array of job opportunities for those clients. Paula and I visited The Holiday Express Motel in Whitefish where an enclave was busy doing housekeeping duties.

Kalispell Thrift Store.... Everyone was on task and working very hard. Good interaction between staff ans clients.

Columbia Falls Thrift.... The store was very well organized and they had very reasonable prices on their merchandise. Clients were all busy with a given task.. Columbia Falls store utilizes a green Thumb worker. This allows the staff to be able to work with consumers more.

Big Fork Thrift...Clients were busy and we observed good interaction between staff and clients. A staff person, Jerry, was very observant of consumers needs as she was being interviewed.

Whitefish Thrift.... Consumers were all very busy at work and expressed that they really liked their job and there supervisors. One of the clients that work alone in a back area had a baby monitor in her area so staff would know if she was having a problem. A new site has been purchased and relocation is being considered for this site in November.

Job in the community....Paula and I visited a client at Wendy's() and one individual working at Arizona Bread Company(). Both were hard at work and we just observed.

2. SERVICE PLANNING AND DELIVERY

Individual Planning

Individual Plans(IP), including assessments, implementation, and monitoring were reviewed for at least one person from service area above. All IP's reviewed had a well-developed plan with good assessments to help develop that plan.

Needed Improvement in IP process is same as above (QAOS#7)

Leisure / Recreation

A monthly calendar of events are made available to the work sites and if clients are interested they can participate. These activities or outings are usually seasonal and made available for all FI work service clients.

Client Rights

All consumers that we talked to could tell us their right and if they were violated who they could take their concerns to. Monthly consumer meetings are held at Flathead's work locations where they talk of consumer rights and any problems that they are experiencing in the work locations.

Medical / Health Care

FI assures that all staff is certified to administer medication to consumers. Most medical care is taken care of through family or residential services. However, staff are quick to respond to any medical emergency that happens during the work day.

Emotionally Responsible Care Giving

During the review and throughout the year I have observed very positive interaction between staff and the consumers and noted individuals were encouraged to participate and to make choices.

Consumer Surveys

Same as above

Agency's consumer satisfaction surveys

Same as above

3. STAFFING**Screening Hiring**

Same as above

Orientation / Training

Same as above

Ratios

All work service sites visited during the review and throughout the year were staffed per contract or above.

Staff Surveys

Same as above

4. INCIDENT MANAGEMENT**APS**

Same as above

Incident Reporting

Same as above

D. COMMUNITY SUPPORTS

FI serves 32 individuals at this time in Community Supports. Community Supports includes any individually designed service, or assessment of the need for service, that will assist a consumer to live more independently in the community of his /her choice within the dollar cap established. The funding is individualized and portable.

Deficiencies

(QAOS#16) Same as above for Supported Living—the need to document Supported Living Hours when appropriate.

Response: *Same*

(QAOS#12) Same as for all areas—The need to attend to details in filling out IP forms.

Response: *Same*

1. HEALTH AND SAFETY

Vehicles

Any vehicle that is used by staff is maintained by FI and is under their maintenance schedule.

Consumers

Individuals may not accept a Community Supports placement unless their health and safety needs can be met by the Community Supports limited dollar program. At the time an individual is designated to receive Community Supports Services the Case Manager must verify, by filling out the Risk/Needs Planning Assessment form (RPA) , that health and safety needs can be met. For those individuals receiving supports in their home or apartment the same health and safety that is provided in the traditional supported living would apply. Paula and I reviewed five individuals, four from Title 19 and one from general fund, who receive Community Support Services.

Medication Safety

All staff dealing with assisting individuals in becoming more independent in taking their medication are currently medication certified. At each annual IP meeting it is discussed as to how the consumers medication will be dispensed and depending on their functioning level as to where their medication is to be stored. Sometimes it will be kept in the consumer apartment or under lock and key in the supported living office. When needed individuals will be on medication training programs as determined by their IP team

Sites

Paula and I visited three work sites(Production, Kalispell Thrift and Whitefish Thrift Stores) where community supports dollars were used. All Flathead Industries sites visited were clean, neat and sanitary. Fire extinguishers were available and checked annually. Monthly fire drills and or a variety of other conditions were conducted monthly and documentation was available. All exits were clear and unobstructed. All medication was locked and secured.

2. SERVICE PLANNING AND DELIVERY

Individual Planning

Same as in all above areas. All IP's reviewed had a well-developed plan with good assessments to help develop that plan. Those clients that did not have a need for IP's we reviewed their service plan and found them to be complete.

Leisure / Recreation

All planned recreational activities are available to any consumer. All consumers have many opportunities to participate in integrated community activities. There are planned weekend activities for those individuals receiving supports in supported living and who want to participate. Seasonal activities are planned for those receiving day programming.

Clients Rights

All consumers that we talked to could tell us their right and if they were violated who they could take their concerns to. Monthly consumer meetings are held at Flathead's work locations and supported living services where they talk of consumer rights and any problems that they are experiencing in their work or residential locations. Those individuals that do not have support through FI know that they can talk to their case manager when problems arise

Medical / Health Care

Same as above

Emotionally Responsible Care Giving

Same as above

Consumer Surveys

Same as above

Agency's consumer satisfaction surveys

Same as above

3. STAFFING**Screening / Hiring**

Same as above

Orientation / Training

Same as above

Ratios

Same as above

Staff Surveys

Same as above

4. INCIDENT MANAGEMENT**APS**

Same as above

Incident Reporting

Same as above

CONCLUSION

Thank you for your response to all the QAOS'. All responses have been accepted and no further action is needed.

Paula and I would like to thank the staff, management, and the people they serve for assisting us in this review. It was a great idea for management to be at the sites we visited so they could work with the clients while we were talking to on-line staff. Thanks to all of the staff for their dedication.

cc: Tim Plaska, Community Services Bureau Chief
Ted Spas, Regional Manager
John Zeeck, Quality Assurance Specialist